

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> City of San Jose Division, Department, or Region (If Applicable) Parks, Recreation and Neighborhood Services Designated Agency Contact (Name, Title) Teresa Meyer-Calvert, Staff Specialist Area Code/Phone Number 408-793-4186 E-mail teresa.meyer-calvert@sanjoseca.gov		RECEIVED San Jose City Clerk Date Stamp 2015 DEC 7 P 3:06	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)			

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 222.00

Event Description Sharks Game (NHL Hockey) Date(s) 11 / 10 / 15  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

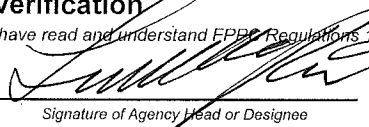
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Parks, Recreation and Neighborhood Services	21	Recognition for a collaborative or "TEAM" effort within the Parks Division.
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
* See Attached List of Recipients		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Teresa Meyer-Calvert Staff Specialist 12-1-2015  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

### **3. Recipients**

(Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.)

1. **Aning, Gina**
2. **Arroyo, David**
3. **Burnham, Nicolle**
4. **Carrillo, Daniel**
5. **Formico, Paul**
6. **Garcia, Humberto**
7. **Hammack, Steve**
8. **Lawson, Jane**
9. **Meyer-Calvert, Teresa**
10. **Morales, Dave**
11. **Moran, Diodoro**
12. **Moreno, Ed**
13. **Orozco, Esteban**
14. **Pearson, Alex**
15. **Pollay, Bill**
16. **Pollay, Lisa**
17. **Ruiz, Jaime**
18. **Saavedra, Joshua**
19. **Schamle, Mark**
20. **Schultz, Brian**
21. **Sedillo, Anthony**